

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	2/2/01
FORMALITY REVIEW	ge	835	02/24/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	9/10/00	
2	✓	9/10/00	
3	✓	9/10/00	
4	✓	9/10/00	
5	✓	9/10/00	
6	✓	9/10/00	
7	✓	9/10/00	
8	✓	9/10/00	
9	✓	9/10/00	
10	✓	9/10/00	
11	✓	9/10/00	
12	✓	9/10/00	
13	✓	9/10/00	
14	✓	9/10/00	
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26	✓	9/10/00	
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45	✓	9/10/00	
46	✓	9/10/00	
47	✓	9/10/00	
48	✓	9/10/00	
49	✓	9/10/00	
50	✓	9/10/00	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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